Please type a plus sign (+) inside this box -> [-	Ì	Ĺ	•		
---	---	---	---	--	--

DECLARATION FOR UTILITY OR

DESIGN

PATENT APPLICATION (37 CFR 1.63)

□ Declaration

☑ Declaration

PTO/SB/01 (10-00) Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

COMPLETE IF KNOWN

Sherman

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number

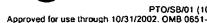
First Named Inventor

Application Number

Filing Date

Submitted OR	Submitted after Initial	Group Art Unit							
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Nam	е						
As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Method and System for furging Context From A Content Delivery Webwork (Title of the Invention) the specification of which is attached hereto OR as United States Application Number or PCT International was filed on (MM/DD/YYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part applications.									
I hereby claim foreign priority ber certificate, or 365(a) of any PCT America, listed below and have certificate, or any PCT internation	international application valso identified below, b	which designated at le	east one country of any foreign application	ther than the Us ation for paten	nited States of t or inventor's				
Prior Foreign Application Number(s)	Country	Foreign Filing Date			py Attached?				
		,	0000	0000	0				
☐ Additional foreign application	numbers are listed on a s	supplemental priority d	ata sheet PTO/SB	3/02B attached h	iereto:				
I hereby daim the benefit under	35 U.S.C. 119(e) of any	United States provision	nal application(s)	listed below.					
Application Number(s)	Filing Date	(MM/DD/YYYY)	numbers supplem	al provisional aps are listed on a sental priority da //02B attached h	ta sheet				
			· -						

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer to or Bar Cod	i		-	ORP	Correspondence address below		
Name David H. Judson, Assis	tant be	new la	insel	- Intellect	ual Property		
Address Akamai Technologies,	Inc.						
Address Akamai Technologies, Address 500 Technology Squa	ire						
city Cambridge			State	MA	zip 02139		
Country USA	Telephon	6(17)	613-	2663	Fax (6/7/250-3695		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR	:		A peti	tion has been fil	ed for this unsigned inventor		
Given Name (first and middle [if any]) Alexander			Family or Sur	Name 5ho	erman		
Inventor's AMermon	~				Date 10/30/00		
Residence: City Can bridge		State M	A	Country USA	Citizenship USA		
Mailing Address /2 Ellery 57	rect						
Mailing Address							
city Cumbridge State	MA.		ZIP	02138	Country USA		
NAME OF SECOND INVENTOR:			A peti	tion has been fi	ed for this unsigned inventor		
Given Name (first and middle [if any])	4.		Family or Sur	Name LIS	iecki"		
Inventor's PLO dul	2				Date 10/30/00		
Residence: City Quincy		State	MA	Country US/	9 Citizenship USA		
Mailing Address 150 Palmer S	treet						
Mailing Address Quincy							
City Quincy State	MA		ZIP	02169	Country USA		
Additional inventors are being named on the	3 suppleme	ental Additio		entor(s) sheet(s) PT			

Please	type a	plus si	gn (+)	inside	this	box	→	+	١
--------	--------	---------	--------	--------	------	-----	----------	---	---

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 3

	·									
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										
Given Nar		Family Name or Surname								
Joe	el m.					Wein		<u> </u>	131	-
Inventor's Signature	frel u	J-						Date		431/200
Residence: City	Flushing	State	NY	/	ountry	USA		Citizensi	nip	USA
Post Office Address	137-47	76H	Ave	·,						
Post Office Address	<u>.</u>									
City	Flushing	State	N	<u>Y</u>	ZIP	1/367	Country	/	45	A
Name of Addition	nal Joint Inventor, if ar	ıy:			A petition	n has been file	d for th	is unsign	ed inv	entor
Given Na	me (first and middle [if any])				Family Nar	ne or S	Sumame		
\triangle	n A.		_			Daile	1			
Inventor's Signature	Don C	ail	el					Dat	te	10/30/200
Residence: City	Canton	State	mi	4 (Country	451	ł	Citizer	nship	USA
Post Office Address	22 Concord	Ave	inve							
Post Office Address			_				_			
City	Canton	State	m	A	ZIP	02021	Cour	itry	45	A
Name of Addition	nal Joint Inventor, if ar	ny:			A petition	n has been file	d for th	is unsign	ed inv	entor
Given Na	me (first and middle [if any	1)				Family Nar	ne or S	Sumame		
Inventor's Signature								Da	te	
Residence: City	State Country Citizenship									
Post Office Address								_		
Post Office Address					_					
City		State			ZIP		6	Country		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





PTO/SB/02A (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Tradamerk Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>3</u>

		_					
Name of Additional Joint Inventor, if any:							
Given John Family Name Oilley							
Inventor's Signature Date 10/30/2000							
Residence: City Los Alfos State CA Country USA Citizenship USA							
Mailing Address 44 Manin A	Λ¢						
Mailing Address	·			•			
chy Los Mtos	State CA	Z	ip 9 4022	Country	USA		
Name of Additional Joint Inventor, if any:							
Given Family Name Name or Surname							
Inventor's Signature					Date		
Residence: City	State	Country Citizenship			Citizenship		
Mailing Address				_			
Mailing Address							
City	State	Z	ZIP	,			
Name of Additional Joint Inventor, if an	y:	_ ^	A petition has been filed	for this	unsigned inventor		
Given Name			ily Name umame				
Inventor's Signature					Date		
Residence: City	State	Country		Citizenship			
Mailing Address							
Mailing Address							
City	State		ZIP	Co	untry		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Woshington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20221.

....





Ptease type of plus sign (*) inside this box PTO/SB/02A (10-00)

Approved for use through 10/31/2002. OM9 0651-0032

U.S. Patent and Trademerk Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor									
Given William E. Family Name Weih									
Inventor's Signature (III) Stelly Date 10/30/00									
Residence: City San Francisco	State CA	Country (5 A	Citizenship USA					
Mailing Address 280 Clipper 5+.									
Mailing Address									
Cay San Francisco	State CA	ZIP 94/	114 Count	try USA					
Name of Additional Joint Inventor, if an	y:	A petition has	been filed for the	nis unsigned inventor					
Given Family Name or Surname									
Inventor's Signature				Date					
Residence: City	State	Country		Citizenship					
Mailing Address		•							
Mailing Address			<u>.</u>						
City	State	ZiP	Coun	try					
Name of Additional Joint Inventor, if an	ıy:	A petition has t	peen filed for th	is unsigned inventor					
Given		Family Name or Surname							
Inventor's Signature				Date					
Residence: City	State	Country		Citizenship					
Mailing Address									
Mailing Address									
City	State	ZIP		Country					

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete mis form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.